SPECIAL NEEDS/CHILD PLACEMENT QUESTIONNAIRE

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 U.S.C. 3013; 26 U.S.C. 6041; DoD Instruction 1015.2 and 1015.15
PURPOSES: Information is needed for CYS personnel to develop programs meeting the needs of children, ensure appropriate placement of children and identify contingency plans for children utilizing CYS facilities.
ROUTINE USES: Information on special needs will be used as part of the program admission screening procedures and CYS program accommodation.
DISCLOSURE: Is voluntary. However, failure to provide complete information may result in a delay or denial of CYS program enrollment.

Welcome to West Point Child/Youth Services programs! If your child has a special need, prior knowledge will allow us to make appropriate adjustments, if possible, to our program and provide training to the staff before your child's first day.

Child's Name: _____ **Date of Birth:** _____

CYS Program: Full day CDC / Part-day / Hourly / FCC / SAS / YS / Summer Camp **Today's Date:** _____

Does your child have any of the following conditions?	YES	NO		YES	NO
Physical Disability Explain:			Asthma/Reactive Airway Disease		
Speech/Language Delays Explain:			Sickle-Cell Disease (Do not check for Sickle Cell Trait)		
Hearing Impairment Explain:			Allergies (include medications, foods, bee stings) Explain:		
Visual Problems/Blindness (Do not check this box if your child only wears glasses)			Epilepsy/Seizures Explain:		
Developmental Delays Explain:			Heart Murmur/Disease Explain:		
Attention Deficit/Hyperactivity (ADHD/ADD)			Diabetes		
Behavioral/Conduct Concerns Explain:			Kidney Problems Explain:		
Autism/PDD			Other(s) Please Specify:		
Is your child taking medication for his/her condition? List medications:					
Is your child receiving any services from Educational Developmental Intervention Services (EDIS) Early Intervention? If yes, explain:					
Is your child enrolled in a Developmental Preschool? If yes, explain:					
Is your child on an IEP or IFSP? If yes, explain:					
Is your child enrolled in an Exceptional Family Member Program? (EFMP) If yes, explain:					

Parental Consent Statement: I give permission for the West Point CYS Special Needs Resource Team (SNRT) to review and make recommendations regarding my child's placement within the CYS program. I understand the SNRT is a multi-disciplinary team established to ensure the most appropriate placement of children with special needs. I further understand that I may be contacted for further information or input with regard to my child's placement requirements or SNRT meetings which I may need to attend in order to provide additional information.

_____ _____ /_____
SIGNATURE OF PARENT/SPONSOR/GUARDIAN HOME PHONE/DUTY PHONE

_____
PRINT NAME (state rank if applicable)

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(OFFICE USE ONLY)

Date received: _____ **Case number:** _____

History of Special Need/Medical Condition: (telephone contact/indicate date and time)

_____

_____

RECOMMENDATION: A. Admit - No Significant Modifications Needed B. Admit-notify CYS Dietician of Food Allergies C. Admit w/Care Plan _____ and Training D. Hold and Schedule SNRT for Date _____

	CONCUR:		SIGNATURE & DATE
CHN	Yes	No	_____
OS Director	Yes	No	_____
CYS Coordinator	Yes	No	_____

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